

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.		
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	45	5/5
FORMALITY REVIEW	ST	1021	06/04/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	1	✓	06/04/01
2	2	✓	06/04/01
3	3	✓	06/04/01
4	4	✓	06/04/01
5	5	✓	06/04/01
6	6	✓	06/04/01
7	7	✓	06/04/01
8	8	✓	06/04/01
9	9	✓	06/04/01
10	10	✓	06/04/01
11	11	✓	06/04/01
12	12	✓	06/04/01
13	13	✓	06/04/01
14	14	✓	06/04/01
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If more than 150 claims or 10 actions  
 staple additional sheet here

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MS  
 06/04/01